

	OREA USE ONLY	Type Remit
TTL RCD	App Rvw	□ сс
Ехам	FP	□ мо
OVERPAY		□ РО

COURSE ACCREDITATION AND DESCRIPTION

Review Course Provider Handbook Prior to Completing this Form

1. Legal Name	of Course Provider				
2 Name and P	hone Number of Person	Authorized to Act on Behalf	of Chief Evecutiv	e Officer	
Name	none Number of Terson	Authorized to Act on Denan	Phone		
				()	
3. Main Office					
Number, Street and	d Suite Number				
City		County	State	Zip Code	
4. Type of Co	ourse	<u>'</u>	'	'	
	Basic Education		Continuing Education		
5. Number of	Courses				
6 Course Title	s (use additional sheets,	if necessary)			
o. Course Title	s (use additional sheets,	, ii necessary)			
ATTACH A	COURSE DESCRIP	TION FORM FOR EACH	CLASS IDENTI	FIED IN ITEM 6 ABOVE	
		CEO DECLADADI	IONI		
		CEO DECLARATI			
I,	. 1 11			perjury that the foregoing information ar	
				ation fully and truthfully and without are denial or revocation of any accreditation	
				by imprisonment in state prison for 2, 3 (
4 years.	J 1 7	1	1		
Executed this	day of	at		(city or count	
	•			、 ,	
		(state).			
		G:			
		Signature: —			
		Title (please print:):			
		Name (please print):			

MUST BE SIGNED BEFORE AND CERTIFIED BY A NOTARY PUBLIC IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA

COURSE DESCRIPTION (each course requires a separate form)

1. Course	Title					
2. Prerequi	isites					
3. Course	Length in Hours					
4. Textboo	ks and Other Required Student Materials					
5. Type of	Course					
	☐ Classroom		☐ Correspondence			
	DEQUIDED COURSE ATT	A CIIN	AENITS			
	REQUIRED COURSE ATT	ACHN	TENTS			
	Textbooks and other student materials					
	Proposed advertising and promotional materials for each course.					
	Outline or syllabus					
	At least two different final examinations, with exam key. (Not required for continuing education courses.)					
Listing of dates, by location, when the course was previously offered, or if not yet presented, the proposed first date and location the course will be offered.						
	☐ For correspondence courses, the reading assignment listing, with page references.					
Complete <i>OREA Topic Matrix</i> (REA 3015) for basic education courses only (Not required for continuing education courses).						
REQUIRED PROVIDER ATTACHMENTS						
Policy statements, correspondence or other verification of the following information, if different than those previously approved for the course provider:						
	Attendance Policy		Final Examination Policy			
	Grading Policy		Record Maintenance and Retention Policy			
	Instructor Hiring Policy		Subcontracting Policy			
	Refund and Re-Examination Policy		Sample of the Course Completion Certificates			

READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS APPLICATION

- Do not write in the shaded areas.
- Type or print clearly in blue or black ink.
- Applications must be legible and contain an original signature.
- All fees must be paid by pre-printed personal check, company check, cashier's check, certified check, money order or government purchase order.
- Fees cannot be refunded. By statute, all fees submitted are deemed earned upon receipt.
- Submit an *OREA Topic Matrix* (REA 3015) for each basic education course.

- All out-of-state addresses require a completed and notarized *Consent to Service of Process* (REA 3006).
- If you have any questions, please write to the address listed below or call (916) 552-9000.
- Mail completed application, necessary fees and qualifying documentation to:

OFFICE OF REAL ESTATE APPRAISERS 1102 Q Street, Suite 4100 Sacramento, CA 95814

FEES

BASIC EDUCATION

CONTINUING EDUCATION

MULTIPLE COURSE REVIEW FEE

Application Review Fee

1 to 5 Courses \$350 per course

6 or more Courses \$250 per course for each

\$150

course over 5 courses

COURSE REVIEW FEE

Application Review Fee \$150 Up to 14 Hours \$50 15 to 29 Hours \$100

Each additional 14 hour

segment or portion thereof \$ 50

INSTRUCTIONS

- **1. LEGAL NAME OF COURSE PROVIDER--**The legal name of the course provider.
- 2. NAME AND PHONE NUMBER OF PERSON AUTHORIZED TO ACT ON BEHALF OF CHIEF EXECUTIVE OFFICER--Name of person authorized to act on behalf of CEO for course provider and individual matters. Include a written letter of authorization from the CEO.
- **3. MAIN OFFICE LOCATION--**Do <u>not</u> list a P.O. Box, Rural Route or Star Route. If a physical address is not available, indicate the physical location (i.e., the nearest intersection and distance from it).
- **4. TYPE OF COURSE--**Indicate whether the courses to be approved are for basic education or continuing education.
- **5. COURSE TITLES--**List the titles of the courses to be approved. Use additional sheets if necessary.

COURSE DESCRIPTION

- 1. **COURSE TITLE--**The title of the course to be approved.
- **2. PREREQUISITES--**The minimum requirements needed in order to attend the course. Attach additional sheets if necessary.
- **3. COURSE LENGTH IN HOURS--**The number of hours for the course duration (including the final examination for basic education courses).
- **4. TEXTBOOKS AND OTHER REQUIRED STUDENT MATERIALS--**The name of the textbook used for the course. List all materials students are required to have in order to attend the course. Attach additional sheets if necessary.
- **5. TYPE OF COURSE--**Indicate whether the course to be approved is a classroom course or a correspondence course.

- **REQUIRED ATTACHMENTS--**Submit the following attachments with this form:
 - Textbooks and other student materials;
 - Proposed advertising and promotional materials
 - Outline or syllabus;
 - At least two different final examinations, with exam key (not required for continuing education courses);
 - Listing of dates, by location, when the course was previously offered, or if not yet presented, the proposed first date and location the course will be offered.
 - For correspondence courses, the reading assignment listing, with page references; and
 - Complete *OREA Topic Matrix* (REA 3015) for basic education courses only.